




2122 /
PATENT
450132-03312 41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Marappa KALIAPPAN et al.
Serial No. : 09/853,324
Filed : May 10, 2001
For : AN AUTOMATIC TEST SYSTEM FOR TESTING REMOTE
TARGET APPLICATIONS ON A COMMUNICATION
NETWORK
Examiner : James D. Rutten
Art Unit : 2122

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Amendment, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July
30, 2004.

Samuel H. Megerditchian, Reg. No. 45,678
(Name of Applicant, Assignee or Registered Representative)

Signature
July 30, 2004
Date of Signature

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AUG 06 2004
Technology Center 2100

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of May 5, 2004, please amend this

application as follows:

08/04/2004 CNGUYEN 00000058 09853324

01 FC:1202

144.00 OP



PATENT
450132-03312

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

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AUG 06 2004

Technology Center 2100

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	45	Minus	** =37	* 8 x	\$18 (9)	\$ 144.00
Independent claims	2	Minus	*** =3	* 0 x	\$84 (42)	\$ 0.00
Total additional fee for this amendment						\$ 144.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

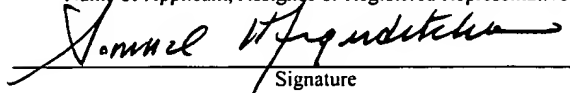
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$144.00 is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative


Signature

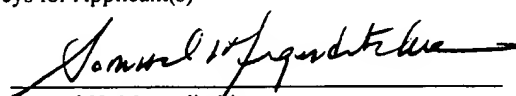
July 30, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:


Samuel H. Megerditchian
Reg. No. 45,678